

INTERPRETIVE SERVICES

INFORMATION FOR HEALTH CARE AND VOCATIONAL PROVIDERS

Workers or crime victims (insured individuals) who have limited English proficiency or sensory impairments may need interpretive services in order to effectively communicate with providers. Interpretive services do not require **prior authorization**.

Under the Civil Rights Act of 1964, the health care or vocational provider will determine whether effective communication is occurring.

If assistance is needed, the health care or vocational provider:

- Selects an interpreter to facilitate communication.
- Determines if an interpreter (whether paid or unpaid) accompanying the insured meets the communication needs.

If health care or vocational provider determines a different interpreter is needed:

- The insured may be consulted in the selection process.
- Sensitivity to the insured's cultural background and gender is encouraged when selecting an interpreter.
- Ultimate decision rests with health care or vocational provider

Either paid or non-paid interpreters may assist with communications. In all cases:

- Paid interpreter selected must meet the credentialing standards contained in this policy.
- Persons identified as ineligible to provide services in this policy may not be used even if they are unpaid.
- Persons under age 18 may not interpret for workers or crime victims.

Please review the sections related to eligible and ineligible interpretive services providers.

For paid interpreters, healthcare or vocational providers or their staff must verify services on the Interpretive Services Appointment Record (F245-056-000) or a similar interpreter provider's verification form which will be presented by the interpreter at the end of the appointment.

Providers should also note in their records that an interpreter was used at the appointment.

When a procedure requires informed consent, a credentialed interpreter should help you explain the information.

POLICY APPLICATION

This policy applies to interpretive services provided for health care and vocational services in all geographic locations to workers and crime victims (collectively referred to as "insured") having limited English proficiency or sensory impairment; and receiving benefits from the following insurers:

- The State Fund (L&I) or
- Self-Insured Employers or
- The Crime Victims Compensation Program.

This policy does not apply to interpretive services for workers or crime victims for legal purposes, including but not limited to:

- Attorney appointments
- Legal conferences
- Testimony at the Board of Industrial Insurance Appeals or any court
- Depositions at any level
- Payment in these circumstances is the responsibility of the attorney or other requesting party(s).

CREDENTIALS REQUIRED FOR L&I PROVIDER ACCOUNT NUMBER

Interpreters and translators must have an L&I provider account.

To obtain an L&I interpretive services provider account number, an interpreter or translator must:

- Submit credentials using the “Submission of Provider Credentials for Interpretive Services” form F245-055-000.
- Credentials accepted include those listed below under “Certified Interpreter” and “Certified Translator” or “Qualified Interpreter” or “Qualified Translator”.
- Provisional certification is not accepted.

Interpreters and translators can only be paid for services in the languages for which they have provided credentials.

Credentialed Employees of Health Care and Vocational Providers

Credentialed employees of health care and vocational providers are eligible to receive payment for interpretive services under the following circumstances:

- The individual’s sole responsibility is to assist patients or clients with language or sensory limitations and
- The individual is a credentialed interpreter or translator and
- The individual has an L&I provider account number for interpretive services.

Interpreters/Translators Not Eligible for Payment

Other persons may on occasion assist the worker or crime victim with language or communication limitations. These persons do not require a provider account number, but also **will not be paid** for interpretive services. These persons may include but are not limited to:

- Family members
- Friends or acquaintances
- The healthcare or vocational provider
- Employee(s) of the health care or vocational provider whose primary job is not interpretation
- Employee(s) of the health care or vocational provider whose primary job is interpretation but who is not a credentialed interpreter or translator
- Interpreters/Translators not complying with all applicable state and/or federal licensing or certification requirements, including but not limited to, business licenses as they apply to the specific provider’s practice or business

Persons Ineligible to Provide Interpretation/Translation Services

Some persons may not provide interpretation or translation services for workers or crime victims during health care or vocational services delivered for their claim. These persons are:

- The worker’s or crime victim’s legal or lay representative or employees of the legal or lay representative
- The employer’s legal or lay representative or employees of the legal or lay representative
- Persons under age 18

NOTE: Workers or crime victims using children for interpretation purposes should be advised they need to have an adult provide these services.

Persons Ineligible to Provide Interpretation/Translation Services at IMEs

Under [WAC 296-23-362\(3\)](#), “The worker may not bring an interpreter to the examination. If interpretive services are needed, the insurer will provide an interpreter.” Therefore, at Independent Medical Examinations (IMEs), persons (including interpreter/translator providers with account numbers) who may not provide interpretation or translation services for workers or crime victims are:

- Those related to the worker or crime victim
- Those with an existing personal relationship with the worker or crime victim
- The worker’s or crime victim’s legal or lay representative or employees of the legal or lay representative
- The employer’s legal or lay representative or employees of the legal or lay representative
- Any person who could not be an impartial and independent witness
- Persons under age 18

Interpreters and translators located outside of Washington State must submit credentials from their state Medicaid programs, state or national court systems or other nationally recognized programs.

For interpretive services providers in any geographic location, credentials submitted from agencies or organizations other than those listed below may be accepted if the testing criteria can be verified as meeting the minimum standards listed below:

Interpreter test(s) consists of, at minimum:	Document translation test(s) consists of, at minimum:
A verbal test of sight translation in both English and other tested language(s); and	A written test in English and in the other language(s) tested; or
A written test in English; and	A written test and work samples demonstrating the ability to accurately translate from one specific source language to another specific target language
A verbal test of consecutive interpretation in both languages; and	
For those providing services in a legal setting, a verbal test of simultaneous interpretation in both languages	

Certified Interpreter

Interpreter who holds credentials in good standing from 1 or more of the following:

Agency or Organization	Credential
Washington State Department of Social and Health Services (DSHS)	Social or Medical Certificate
Washington State Administrative Office for the Courts (AOC)	Certificate
RID-NAD National Interpreter Certification (NIC)	Certified Advanced (Level 2), or Certified Expert (Level 3)
Registry of Interpreters for the Deaf (RID)	Comprehensive Skills Certificate (CSC), or Master Comprehensive Skills Certificate (MSC), or Certified Deaf Interpreter (CID), or Specialist Certificate: Legal (SC:L), or Certificate of Interpretation and Certificate of Transliteration (CI/CT)
National Association for the Deaf (NAD)	Level 4, or Level 5
Federal Court Interpreter Certification Test (FCICE)	Certificate
US State Department Office of Language Services	Verification letter or Certificate

Qualified Interpreter

Interpreter who holds credentials in good standing from 1 or more of the following:

Agency or Organization	Credential
Translators and Interpreters Guild	Certificate
Washington State Department of Social and Health Services (DSHS)	Letter of authorization as a qualified social and/or medical services interpreter
Federal Court Interpreter Certification Examination (FCICE)	Letter of designation or authorization

Certified Translator

Translator who holds credentials in good standing from 1 or more of the following:

Agency or Organization	Credential
Washington State Department of Social and Health Services (DSHS)	Translator Certificate
Translators and Interpreters Guild	Certificate
American Translators Association	Certificate

Qualified Translator

Translator who holds credentials in good standing from 1 or more of the following:

Agency or Organization	Credential
A state or federal agency; A state or federal court system; Other organization including language agencies; and/or An accredited academic institution of higher education.	Certificate or other verification showing: Successful completion of an examination or test of written language fluency in both English and in the other tested language(s); and A minimum of 2 years experience in document translation.

Maintaining Credentials

Interpretive services providers are responsible for maintaining their credentials as required by the credentialing agency or organization. Should the interpretive services provider's credentials expire or be removed for cause or any other reason, the provider must immediately notify the insurer.

Hospitals and other facilities may have additional requirements

Hospitals, free standing surgery and emergency centers, nursing homes and other facilities may have additional requirements for persons providing services within the facility. For example, a facility may require all persons delivering services to have a criminal background check, even if the provider is not a contractor or employee of the facility. The facility is responsible for notifying the interpretive services provider of their additional requirements and managing compliance with the facilities' requirements.

PRIOR AUTHORIZATION

Services not requiring prior authorization

Direct interpretive services (either group or individual) and mileage do not require **prior authorization** on open claims. Providers should check claim status with the insurer prior to service delivery.

Services requested by the insurer or requiring prior authorization

IME Interpretation services

When an IME is scheduled, the insurer or IME provider will arrange for the interpretive services. **Prior authorization** is not required. The insured may ask the insurer to use a specific interpreter. However, only the interpreter scheduled by the insurer or the IME provider will be paid for IME interpretive services. Interpreters who accompany the insured, without insurer approval, will not be paid nor allowed to interpret at the IME.

IME No Shows

Authorization must be obtained prior to payment for an IME no show. For State Fund claims, contact the Central Scheduling Unit supervisor at 206-515-2799 after occurrence of IME no show. Per [WAC 296-20-010\(5\)](#) "No fee is payable for missed appointments unless the appointment is for an examination arranged by L&I or self-insurer."

Document translation

Document translation services are only paid when performed at the request of the insurer. Services will be authorized before the request packet is sent to the translators.

COVERED AND NONCOVERED SERVICES

Services that may be payable.

Services prior to claim allowance are not payable except for the initial visit. If the claim is later allowed, the insurer will determine which services rendered prior to claim allowance are payable.

Only services to assist in completing the reopening application and for insurer requested IMEs are payable unless or until a decision is made. If a claim is reopened, the insurer will determine which other services are payable.

Covered and may be billed to the insurer.

Payment is dependent upon service limits and L&I policy:

- Interpretive services which facilitate language communication between the insured and a health care or vocational provider
- Time spent waiting for an appointment that does not begin at time scheduled (when no other billable services are being delivered during the wait time)
- Assisting the insured to complete forms required by the insurer and/or health care or vocational provider
- A flat fee for an insurer requested IME appointment plus mileage when the insured does not attend
- Translating document(s) at the insurer's request
- Miles driven from a point of origin to a destination point and return

Not covered and may not be billed to nor will they be paid by the insurer:

- Services provided for a denied or closed claim (except services associated with the initial visit for an injury or crime victim claim or the visit for the insured's application to reopen a claim)
- No show for any service other than an insurer requested IME (for example, physical therapy visits)
- Mileage for no shows for any service other than an insurer requested IME (for example, physical therapy visits)
- Personal assistance on behalf of the insured such as scheduling appointments, translating correspondence or making phone calls
- Document translation requested by anyone other than the insurer, including the insured

- Services provided for communication between the insured and an attorney or lay worker representative
- Services provided for communication not related to the insured's communications with health care or vocational providers
- Travel time and travel related expenses such as meals, parking, lodging
- Overhead costs, such as phone calls, photocopying and preparation of bills

FEES, SERVICE DESCRIPTIONS AND LIMITS

The coverage and payment policy for interpretive services is listed below:

Code	Description	Units of Service	Maximum Fee	L&I Authorization and Limit Information
9988M	Group Interpretation Direct services time between more than one client(s) and health care or vocational provider, includes wait and form completion time, time divided between all clients participating in group, per minute	1 minute equals 1 unit of service	\$0.79 per minute	Limited to 480 minutes per day Does not require prior authorization
9989M	Individual Interpretation Direct services time between insured and health care or vocational provider, includes wait and form completion time, per minute	1 minute equals 1 unit of service	\$0.79 per minute	Limited to 480 minutes per day Does not require prior authorization
9986M	Mileage, per mile	1 mile equals 1 unit of service	State rate	Mileage billed over 200 miles per claim per day will be reviewed Does not require prior authorization
9996M	Interpreter "IME no show" Wait time when insured does not attend the insurer requested IME, flat fee	Bill 1 unit per worker no show at IME	Flat fee \$52.74 Mileage to and from appointment will also be paid	Payment requires prior authorization Contact Central Scheduling Unit after no show occurs at 260-515-2799 Only 1 no show per worker per day
9997M	Document Translation, at insurer request	1 page equals 1 unit of service	By report	Authorization will be documented on translation request packet. Over \$500 per claim will be reviewed

BILLING FOR INTERPRETIVE SERVICES

Interpretive services providers use the miscellaneous bill form and billing instructions.

Individual Interpretation Services

Services delivered for a single client may include:

- Interpretation performed with the insured and a health care or vocational provider
- Form completion and
- Wait time is time spent waiting for an appointment that does not begin at time scheduled (when no other billable services are being delivered during the wait time)

When billing for Individual Interpretation Services:

- Only the time spent actually delivering those services may be billed.
- You must bill all services for the same client, for the same date of service, on one bill to avoid bill denial.
- Time is counted from when the appointment is scheduled to begin or when the interpreter arrives, whichever is later, to when the services ended.
- If there are breaks in service due to travel between places of service delivery, this time must be deducted from the total time billed.

Interpretive Services Appointment Record form and mileage verification must be in the claim file at the same time you bill the insurer or your bill may not be paid.

Here is a link to the form: <http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=1625>

See the Billing Examples, “General Provider Billing Manual” and “Miscellaneous Services Billing Instructions” for further information.



Billing Tip

All services provided to a client on the same date must be billed on the one bill or your bills may be denied.

Group Interpretation Services

When interpretive services are delivered for more than 1 person (regardless of whether all are workers and/or crime victims), the time spent must be prorated between the participants.

- Send a separate bill for each client with prorated amounts.

Interpretive Services Appointment Record form and mileage verification must be in the claim file at the same time you bill the insurer or your bill may not be paid.

Here is a link to the form: <http://www.Lni.wa.gov/FormPub/Detail.asp?DocID=1625>

For example, if 3 persons are receiving a 1 hour group physical therapy session at different stations and the interpretive services provider is assisting the physical therapist with all 3 persons:

- The interpretive services provider must bill only 20 minutes per person.
- The time is counted from when the appointment is scheduled to begin or when the interpreter arrives, whichever is later, to when the services end.

See the Billing Examples, “General Provider Billing Manual” and “Miscellaneous Services Billing Instructions” for further information.

The combined total of both individual and group services is limited to 480 minutes (8 hours) per day.



Billing Tip

You must send a completed Interpretive Services Appointment Record form including the health care or vocational provider’s signature, and the mileage verification by the time your bill is processed or your bill may be denied.

IME No Show

Per [WAC 296.20.010\(5\)](#) only services related to No Shows for insurer requested IMEs will be paid. The insurer will pay a flat fee for IME no show. Mileage to and from the IME appointment will also be paid.

Mileage and Travel

Insurers will not pay interpretive service providers travel time or for travel expenses such as hotel, meals, parking, etc.

Interpretive service providers may bill for actual miles driven to perform interpretation services for an individual client or group of clients. The interpreter must split the mileage between the worker and the next client if this is not the last appointment of the day.

When mileage is for services to more than 1 person (regardless of whether all are workers and/or crime victims):

- The mileage must be prorated between all the persons served.
- When you interpret for a group, mileage between appointments on the same day should be split between the clients.

Mileage is payable for no show appointments for IME's only.

Send mileage verification to each client's claim file at the same time you bill the insurer or **your bill may not be paid.**

See the Billing Examples, "General Provider Billing Manual" and "Miscellaneous Services Billing Instructions" for further information.

Mileage over 200 miles per day will be reviewed for necessity before being paid.

Document Translation Services

Document translation is an insurer requested service only. Payment for document translation will be made only if the service was requested by the insurer. If anyone other than the insurer requests assistance with document translation, the insurer must be contacted before services can be delivered.

Billing Examples

Example 1 – Individual Interpretive Services

Example Scenario	Time Frames	Type of Service	Code and Units to Bill
Interpreter drives 8 miles from his place of business to the location of an appointment for an worker	Not applicable	Mileage	8 units 9986M
Worker has an 8:45 a.m. appointment. The interpreter and insured enter the exam room at 9:00 a.m. The exam takes 20 minutes. The health care provider leaves the room for 5 minutes and returns with a prescription and an order for X-rays for the insured. The appointment ends at 9:30 a.m.	8:45 a.m. to 9:30 a.m.	Individual Interpretive Services	45 units 9989M
Interpreter drives 4 miles to X-ray service provider and meets insured.	Not applicable	Mileage	4 units 9986M
Interpreter and insured arrive at the radiology facility at 9:45 a.m. and wait 15 minutes for X-rays which takes 15 minutes. They wait 10 minutes to verify X-rays do not need to be repeated.	9:45 a.m. to 10:25 a.m.	Individual Interpretive Services	40 units 9989M
Interpreter drives 2 miles to pharmacy and meets insured.	Not applicable	Mileage	2 units 9986M
The worker and the interpreter arrive at the pharmacy at 10:35 a.m. and wait 15 minutes at the pharmacy for prescription. The interpreter explains the directions to the worker which takes 10 minutes.	10:35 a.m. to 11 a.m.	Individual Interpretive Services	25 units 9989M
After completing the services, the interpreter drives 10 miles to the next interpretive services appointment. The interpreter splits the mileage between the worker and the next client if this is not the last appointment of the day	Not applicable	Mileage	5 units 9986M

Example 2 – Group Interpretive Services

Example Scenario	Time Frames	Type of Service	Code and units to Bill
Interpreter drives 9 miles from his place of business to the location of an appointment for 3 clients. 2 are insured by the state fund.	Not applicable	Mileage	3 units of 9986M to each state fund claim
The 3 clients begin a physical therapy appointment at 9:00 a.m. The interpreter circulates between the 3 clients during the appointment which ends at 10 a.m.	9 a.m. to 10 a.m.	Group Interpretive Services	20 units of 9988M to each state fund claim
After completing the appointment the interpreter drives 12 miles to next appointment location. The interpreter splits the mileage between the 3 clients and the next client if this is not the last appointment of the day (12 divided by 2=6; 6 divided by 3=2).	Not applicable	Mileage	2 units 9986M to each state fund claim

Adjustment vs. Submitting a New Bill

- When the whole bill is denied, then you must submit a new bill to be paid.
- When part of the bill is paid, then you must submit an adjustment for the services that were not paid. Additional information on adjustments is available at <http://www.Lni.wa.gov/ClaimsIns/Providers/Billing/BillLNI/PayAdjust/default.asp>

Billing Tip

If the time or mileage needs to be corrected you should adjust the **last paid** bill.

DOCUMENTATION REQUIREMENTS

Interpretive service appointment and mileage documentation must be submitted to L&I when the services are billed.

Billing Tip

Do not staple documentation to bill forms. Send documentation separately from bills for State Fund or Crime Victims Compensation Program claims to:

State Fund

Department of Labor and Industries
PO Box 44291
Olympia, WA 98504-4291
360-902-6500
1-800-848-0811
Fax numbers:
(360) 902-4292
(360) 902-4565
(360) 902-4566
(360) 902-4567
(360) 902-5230
(360) 902-6100
(360) 902-6252
(360) 902-6460

Crime Victims Compensation Program

Department of Labor and Industries
PO Box 44520
Olympia, WA 98504-4520
360-902-5377
1-800-762-3716

Self-insurer

To determine insurer call 360-902-6901 OR see Self-insurer list at <http://www.Lni.wa.gov/ClaimsIns/Providers/billing/billSIEmp/default.asp>

Send State Fund Bills to:

Department of Labor and Industries
PO Box 44269
Olympia, WA 98504-4269

Interpretive Services Appointment Documentation

- Direct interpretive services must be recorded on the L&I "Interpretive Services Appointment Record" form F245-056-000. Copies can be obtained on L&I's website or a supply of forms can be ordered from the warehouse. Interpretive services providers may also use their own encounter forms to document services, meeting the criteria listed below.
- Provider or agency encounter forms used in lieu of L&I's Interpretive Services Appointment Record **must** have the following information:
 - Claim number, worker's full name and date of injury in upper right hand corner of form
 - Interpreter name and agency name (if applicable)
 - Encounter (appointment) information including:
 - Health care or vocational provider name
 - Appointment address
 - Appointment date
 - Appointment start time
 - Interpreter arrival time
 - Appointment completion time
 - If a group appointment, total number of clients (not health care or vocational providers) participating in the group appointment
 - Actual mileage information including:
 - Actual miles from starting location (including street address) to appointment
 - Actual miles (not prorated) from appointment to next appointment or return to starting location (include street address)
 - Actual total miles
 - Verification of appointment by health care or vocational provider (Printed name and signature of person verifying services).
 - Date signed

NOTE: All agency encounter and Interpretive Services Appointment Record forms must be signed by the health care or vocational provider or their staff to verify services including mileage for IME no shows.

NOTE: All agency encounter and Interpretive Services Appointment Record forms and mileage verification must be in the claim file before payment is made.

Mileage Documentation

Include mileage documentation that supports the number of miles between appointments. Documentation must be a printout from a software mileage program and name of software program used.

Translation Services Documentation

Documentation for translation services must include:

- Date of service and
- Description of document translated (letter, order and notice, medical records) and
- Total number of pages translated and
- Total words translated and
- Target and source languages.

STANDARDS AND RESPONSIBILITIES FOR INTERPRETIVE SERVICES PROVIDER CONDUCT

L&I is responsible for assuring workers and crime victims receive proper and necessary services. The following requirements set forth the insurer's expectations for quality interpretive services.

RESPONSIBILITIES

Responsibilities toward the Insured and the Health Care or Vocational Provider

The interpreter must ensure that all parties understand the interpreter's role and obligations.

The interpreter must:

- Inform all parties that everything said during the appointment will be interpreted and they should not say anything they don't want interpreted
- Inform all parties the interpreter will respect the confidentiality of the insured
- Inform all parties the interpreter is required to remain neutral
- Disclose any relationship to any party that may influence or someone could perceive to influence the interpreter's impartiality
- Accurately and completely represent their credentials, training and experiences to all parties

STANDARDS

Accuracy and Completeness

- Interpreters always communicate the source language message in a thorough and accurate manner
- Interpreters do not change, omit or add information during the interpretation assignment, even if asked by the insured or another party
- Interpreters do not filter communications, advocate, mediate, speak on behalf of any party or in any way interfere with the right of individuals to make their own decisions
- Interpreters give consideration to linguistic differences in the source and target languages and preserve the tone and spirit of the source language

Confidentiality

The interpreter must not discuss any information about an interpretation job without specific permission of all parties or unless required by law. This includes content of the assignment such as:

- Time or place
- Identity of persons involved
- Content of discussions
- Purpose of appointment

Impartiality

- The interpreter must not discuss, counsel, refer, advise or give personal opinions or reactions to any of the parties
- The interpreter must turn down the assignment if he or she has a vested interest in the outcome or when any situation, factor or belief exists that represents a real or potential conflict of interest

Competency

Interpreters must meet L&I's credentialing standards and be:

- Fluent in English
- Fluent in the insured's language
- Fluent in medical terminology in both languages
- Willing to decline assignments requiring knowledge or skills beyond their competence

Maintenance of Role Boundaries

- Interpreters must not engage in any other activities that may be thought of as a service other than interpreting, such as:
- Driving the insured to and from appointments
- Suggesting that the worker receive care at certain providers
- Advocating for the worker

Prohibited Conduct

In addition, interpreters cannot:

- Market their services to workers or crime victims
- Arrange appointments in order to:
 - Create business of any kind
 - Fit into your schedule including canceling and rescheduling a worker's medical appointment
- Contact the worker other than at the request of the insurer or health care or vocational provider
- Provide transportation for the insured to and from health care or vocational appointments.
- Require the insured to use the interpreter provider's services exclusive of other approved L&I interpreters
- Accept any compensation from workers or crime victims or anyone else other than the insurer
- Bill for someone else's services with your individual (not language agency group) provider account number

Working Tips for Interpretive Services Providers

Some things to keep in mind when working as an interpreter on workers' compensation or crime victims' claims:

- Arrive on time
- Always provide identification to the insured and providers
- Introduce yourself to the insured and provider
- Do not sit with the insured in the waiting room unless assisting them with form completion
- Acknowledge language limitations when they arise and always ask for clarification
- Do not give your home (nonbusiness) telephone number to the insured or providers
- Sign up to get L&I provider news and updates at <http://www.Lni.wa.gov/Main/Listservs/Provider.asp>
- Mail to L&I:
 - Completed Interpreter Services Appointment Record or other qualifying encounter form signed by health care or vocational provider
 - Printout of mileage documentation that supports the number of miles between appointments from a software mileage program and name of software program used